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NORTHERN DISTRICT OF CALIFORNIA

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Antoine Ardds Plaintiff,

vs.

STATE OF CALIFORNIA
M.S. EVAN: WARDEN

~~Antoine Ardds~~ Defendant.

~~Salinas Valley State Prison~~

CASE NO. _____

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

SBA

(PR)

I, Antoine Ardds, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No _____

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Ø Net: Ø

Employer: Salinas Valley State Prison JOB # DRW-208

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)
 4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No X
 10 self employment
 11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?
 13 c. Rent payments? Yes ___ No X
 14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.
 21 _____
 22 _____

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ Ø Amount of Mortgage: \$ Ø

6. Do you own an automobile? Yes ___ No X

Make N/A Year N/A Model N/A

Is it financed? Yes ___ No ___ If so, Total due: \$ N/A

Monthly Payment: \$ N/A

7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$ N/A

Do you own any cash? Yes ___ No X Amount: \$ Ø

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses?

Rent: \$ Ø Utilities: Ø

Food: \$ Ø Clothing: Ø

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
	\$ <u>Ø</u>	\$ <u>Ø</u>
	\$ <u>Ø</u>	\$ <u>Ø</u>
	\$ <u>Ø</u>	\$ <u>Ø</u>

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 NO

4
5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 N/A

10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15

16 6/3/08

17 DATE


SIGNATURE OF APPLICANT

18

19

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Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months
[prisoner name]
_____ where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

Antoine Arends
P-59915 B2-113
Salinas Valley State Prison
P.O. Box 1050
Soledad, CA 93960-1050

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